BROWN COUNTY HEALTH CARE CENTER

2900 ST. ANTHONY DRIVE

GREEN BAY 54311 Phone: (920) 391-4700 Ownership: County Operated from 1/1 To 12/31 Days of Operation: 365 Highest Level License: Skilled Operate in Conjunction with Hospital? Operate in Conjunction with CBRF? Title 18 (Medicare) Certified? Number of Beds Set Up and Staffed (12/31/02): Total Licensed Bed Capacity (12/31/02): Title 19 (Medicaid) Certified? 99 Yes Number of Residents on 12/31/02: Average Daily Census:

Services Provided to Non-Residents		Age, Sex, and Primary Diagn	Length of Stay (12/31/02) %				
Home Health Care	No	Primary Diagnosis		Age Groups	%		17.0
Supp. Home Care-Personal Care	No					1 - 4 Years	39.8
Supp. Home Care-Household Services	No	Developmental Disabilities		Under 65	25.0		43.2
Day Services	No	Mental Illness (Org./Psy)	44.3	65 - 74 22.7			
Respite Care	No	Mental Illness (Other)	42.0	75 - 84	28.4		100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	1.1	85 - 94	23.9	*********	*****
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	0.0	Full-Time Equivalen	t
Congregate Meals	No	Cancer	1.1			Nursing Staff per 100 Re	sidents
Home Delivered Meals	No	Fractures	1.1		100.0		
Other Meals	No	Cardiovascular	0.0	65 & Over	75.0		
Transportation	No	Cerebrovascular	0.0			RNs	9.3
Referral Service	No	Diabetes	0.0	Sex	용	LPNs	10.1
Other Services	No	Respiratory	1.1			Nursing Assistants,	
Provide Day Programming for		Other Medical Conditions	4.5	Male	42.0	Aides, & Orderlies	47.9
Mentally Ill	Yes			Female	58.0	I	
Provide Day Programming for			100.0			I	
Developmentally Disabled	No				100.0	1	

## Method of Reimbursement

		edicare			edicaid			Other			Private Pay	:		amily Care			anaged Care			
Level of Care	No.	٥٥	Per Diem (\$)	No.	%	Per Diem (\$)	No.	୧	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	્	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	Of
Int. Skilled Care	0	0.0	0	1	1.3	126	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	1.1
Skilled Care	0	0.0	0	71	94.7	107	0	0.0	0	13	100.0	170	0	0.0	0	0	0.0	0	84	95.5
Intermediate				3	4.0	88	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	3	3.4
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	0	0.0		75	100.0		0	0.0		13	100.0		0	0.0		0	0.0		88	100.0

BROWN COUNTY HEALTH CARE CENTER

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Admissions, Discharges, and	•	of Residents'	Conditions, Services, a	nd Activities as of 12	/31/02
Deaths During Reporting Period					
			% Needing		Total
Percent Admissions from:	Activities of	%	Assistance of	% Totally	Number of
Private Home/No Home Health	4.5   Daily Living (ADL)	Independent	One Or Two Staff	Dependent	Residents
Private Home/With Home Health	0.0   Bathing	1.1	60.2	38.6	88
Other Nursing Homes	22.7   Dressing	9.1	79.5	11.4	88
Acute Care Hospitals	31.8   Transferring	56.8	33.0	10.2	88
Psych. HospMR/DD Facilities	36.4   Toilet Use	25.0	55.7	19.3	88
Rehabilitation Hospitals	0.0   Eating	18.2	76.1	5.7	88
Other Locations	4.5   ***************	*****	* * * * * * * * * * * * * * * * * * * *	* * * * * * * * * * * * * * * * * * * *	*****
Total Number of Admissions	22   Continence		% Special Treatme	ents	ଚ୍ଚ
Percent Discharges To:	Indwelling Or Extern	al Catheter	1.1 Receiving Res	piratory Care	1.1
Private Home/No Home Health	4.8   Occ/Freq. Incontinen	t of Bladder	58.0 Receiving Tra	cheostomy Care	1.1
Private Home/With Home Health	0.0   Occ/Freq. Incontinen	t of Bowel	39.8 Receiving Suc	tioning	1.1
Other Nursing Homes	0.0		Receiving Ost	omy Care	1.1
Acute Care Hospitals	0.0   Mobility		Receiving Tub	e Feeding	1.1
Psych. HospMR/DD Facilities	0.0   Physically Restraine	d	8.0 Receiving Med	hanically Altered Diet	s 59.1
Rehabilitation Hospitals	0.0				
Other Locations	33.3   Skin Care		Other Resident	Characteristics	
Deaths	61.9   With Pressure Sores		2.3 Have Advance	Directives	78.4
Total Number of Discharges	With Rashes		9.1 Medications		
(Including Deaths)	21		Receiving Psy	choactive Drugs	75.0

	This Other Hospital-		All		
	Facility	Based Facilities		Fac	ilties
	%	%	Ratio	용	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	88.0	87.4	1.01	85.1	1.03
Current Residents from In-County	87.5	84.3	1.04	76.6	1.14
Admissions from In-County, Still Residing	63.6	15.2	4.19	20.3	3.13
Admissions/Average Daily Census	25.0	213.3	0.12	133.4	0.19
Discharges/Average Daily Census	23.9	214.2	0.11	135.3	0.18
Discharges To Private Residence/Average Daily Census	1.1	112.9	0.01	56.6	0.02
Residents Receiving Skilled Care	96.6	91.1	1.06	86.3	1.12
Residents Aged 65 and Older	75.0	91.8	0.82	87.7	0.86
Title 19 (Medicaid) Funded Residents	85.2	65.1	1.31	67.5	1.26
Private Pay Funded Residents	14.8	22.6	0.65	21.0	0.70
Developmentally Disabled Residents	4.5	1.5	3.13	7.1	0.64
Mentally Ill Residents	86.4	31.3	2.76	33.3	2.59
General Medical Service Residents	4.5	21.8	0.21	20.5	0.22
<pre>Impaired ADL (Mean) *</pre>	48.0	48.9	0.98	49.3	0.97
Psychological Problems	75.0	51.6	1.45	54.0	1.39
Nursing Care Required (Mean) *	9.5	7.4	1.28	7.2	1.32